BLOOMINGTON ANIMAL CARE & CONTROL DOG ADOPTION SURVEY

ameDate				
AddressCity/State?Zip				
Home Phone Work Phone				
Email				
I am interested in the following dog(s): Name	ID#			
Name	ID #			
2. I am looking for a dog formyselfentire family	childother pets			
3. Who will be primarily responsible for care of this companion?				
4. I/my family is/are couch potatoes moderately a	activevery active			
 5. We spend our leisure time largely engaged in: indoor activities such as reading, watching TV outdoor activities such as walking, gardening outdoor activities such as jogging, running, organiz 6. How many hours a day are you typically away from home? 	-			
7. Where will your dog sleep at night?				
8. Where will your dog spend the day?				
9. I want my new companion to be: calm and easy-going fun-loving and moderately active very active – willing to jog 5 miles per day and pl	lay fetch for hours			
10. How much grooming are you willing to do?none	_occasionaldaily			
11. What circumstances would lead you to return your companion a house-soilingaggressiontoo activefinancialallergiesill healthdoesother, please explain	destructive not get on well with my other animals			
12. Regarding dogs: Do you have experience with housetraining? Do you have experience with crate-training Do you have experience with obedience train With which breeds/breed mixes do you have	yes no ing? yes no			

Do you rent or own your residence? If rent, plea manager:	se provide name of landlord/property
Do you live in a house apartment condo du	plex mobile home?
Please list all dogs/cats currently living in your home: Species Name Age Kept indoors/outdoors	s/both altered?
1.	
2.	
3.	
4.	
Who is your current veterinarian?	Vet's phone
Note: In order to facilitate the best match between you and our right to verify veterinary information, contact property owner may refuse an adoption should we determine it not to be in the companion animal or the applicant.	rs, and perform yard inspections. We
I understand that adopting a dog/puppy may be a 10 to 15 year assuming the expenses of providing veterinary care, quality for cannot meet this dog/puppy's needs, I will return her to the SI	ood, grooming, and so forth, and if I
Signature	Date
FOR STAFF USE ONLY	Y
Comments:	
Landlord/property manager:	
Vet:	
Activity file:	

	For Staff Use	e	Date	
First Adoption:	Name	KC#	Tag #	
	Breed	Age	_ Sex/Alter	_ Color
Second Adoption	n: Name	KC#	Tag #	
	Breed	_ Age	_ Sex/Alter	_ Color

1. COMMENTS: